



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM
WH-5145

1997 ECONOMIC CENSUS
CONFECTIONERY

OMB No. 0607-0825: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

WH-5145

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 ☐ Yes 3 ☐ No legal boundaries
2 ☐ No 4 ☐ Do not know

c. In what type of municipality is this establishment physically located?

096 1 ☐ City, village, or borough
2 ☐ Town or township
3 ☐ Other – Specify
4 ☐ Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 ☐ In operation
2 ☐ Temporarily or seasonally inactive
3 ☐ Ceased operation – Give date at right
4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

• Preferred

Acceptable

Bil-
lions
(000)

1

126

1

125

629

Item 4. DOLLAR VOLUME OF BUSINESS

Bil. Mil. Thou. Dol.

010

a. Sales and operating receipts for 1997 (Include the gross selling value of business conducted for others)

b. Did this establishment earn commissions for the sale of merchandise?

121

1 ☐ Yes – Go to line c
2 ☐ No – Skip to line e

c. Gross selling value of business conducted on a commission basis (Include in item 4a)

Bil. Mil. Thou. Dol.

122

d. Commissions received (On transactions reported in item 4c)

123

NOTE – If this is the only establishment of this firm skip to item 5

e. Percent of products sold by this establishment manufactured or mined in the United States by your company or subsidiaries

Percent

124

%

f. Value of transfers to other establishments within your company (DO NOT include in item 4a)

Mil. Thou. Dol.

125

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

Mil. Thou. Dol.

030

b. First quarter (January–March)

031

Item 6. EMPLOYMENT

Number

a. Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

b. List the above employees by the employee's primary function:

Number

131

(1) Selling

(2) Sales support (including office and clerical, warehousing, customer service, maintenance employees, and drivers)

132

(3) Supporting functions of other establishments in your company (i.e., central administrative, accounting, research, etc.)

133

(4) Manufacturing

134

(5) Other – Specify

135

NOTE – The sum of lines 1 through 5 should equal total employment

WH

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 7. OPERATING EXPENSES			Mil.	Thou.	Dol.
Operating expenses for 1997 (Include payroll, but exclude cost of goods sold and interest expense)			040		
Item 8. INVENTORIES					
a. Did you have inventories at the end of 1996 or 1997?					
180	1	<input type="checkbox"/> Yes – Complete the remainder of the item			
	2	<input type="checkbox"/> No – Skip to item 9			
b. Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?					
185	1	<input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for lines c and c(2)			
	2	<input type="checkbox"/> No – Complete only line c			
			<div>End of 1997</div> <div>Mil. Thou. Dol.</div>		
			<div>End of 1996</div> <div>Mil. Thou. Dol.</div>		
			046		047
c. Total inventories					
(1) Amount not subject to LIFO costing			181		186
(2) Amount subject to LIFO costing (gross)			182		187
(a) Amount of the LIFO reserve			183		188
(b) LIFO value of the line c(2) (net)			184		189
NOTE – The sum of lines c(1) and c(2) should equal line c The sum of lines c(2a) and c(2b) should equal line c(2)					
Item 9. TOTAL PURCHASES OF MERCHANDISE IN 1997			PURCHASES AT COST VALUE		
Purchases of merchandise for resale (Net of returns, allowances, and trade and cash discounts; but including amounts allowed for trade-ins)			Bil.	Mil.	Thou. Dol.
			160		
NOTE – If purchases are greater than sales, please provide an explanation in the REMARKS section					
Item 10. SALES BY CLASS OF CUSTOMER			Whole percent of sales		
Report the percentage of this establishment's total sales in 1997 (item 4a) to each class of customer.			141		
a. Export sales			142		
b. Restaurants, hotels, food services, and contract feeding			143		
c. Retailers and repair shops for resale or repair			144		
d. Other wholesale establishments for resale			145		
e. Industrial users for production (manufacturing and mining)			146		
f. Business users for consumption, not for resale			147		
g. Farmers (for farm use)			148		
h. Household consumers and individual users			149		
i. Builders and contractors			150		
j. Governmental bodies (Federal, State, and local)					
k. TOTAL Sum of lines a through j should total 100%)			100%		

Item 11. KIND OF BUSINESS AND SELLING CHARACTERISTICS	
a. Kind of business	
What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.	
	070
(1) Confectionery	<input type="checkbox"/> 514500
(2) Tobacco and tobacco products	<input type="checkbox"/> 519400
(3) General-line groceries	<input type="checkbox"/> 514100
(4) Other kind of business – Specify	<input type="checkbox"/> 777777
b. Selling characteristics	
(1) In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.	
	068
From physical displays of priced merchandise	1 <input type="checkbox"/>
From a counter (little or no display)	2 <input type="checkbox"/>
From a warehouse or office	3 <input type="checkbox"/>
Other – Describe	4 <input type="checkbox"/>
(2) How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.	
	069
Location and store attractiveness	1 <input type="checkbox"/>
Advertising to the general public, including direct mail advertising	2 <input type="checkbox"/>
Advertising to the trade or calls directly to customers	3 <input type="checkbox"/>
Other – Describe	4 <input type="checkbox"/>
c. Mark (X) the ONE appropriate box if this establishment is a:	
(1) Voluntary group wholesaler (an establishment affiliated with independent retailers engaged in joint sales promotion under a group name)	167 1 <input type="checkbox"/>
(2) Retail-cooperative wholesaler (an establishment owned and operated cooperatively by independent retailers buying collectively)	2 <input type="checkbox"/>
(3) Other grocery wholesaler	3 <input type="checkbox"/>
d. What percent of your sales are drop-shipped and do not enter this establishment?	Percent
	111 %
Item 12. TYPE OF OPERATION	
What was this establishment's PRINCIPAL type of operation in 1997? Mark (X) only ONE box.	
	060
a. Own-brand importer and marketer	<input type="checkbox"/> 14
b. Merchant wholesaler (buying and selling on own account)	
(1) Importer.	<input type="checkbox"/> 12
(2) Exporter.	<input type="checkbox"/> 13
(3) Merchant wholesale distributor or jobber	<input type="checkbox"/> 11
c. Manufacturers' sales branches and offices	<input type="checkbox"/> 20
d. Agent, broker, and commission merchant	
(1) Auction company	<input type="checkbox"/> 41
(2) Broker (representing buyers and sellers)	<input type="checkbox"/> 42
(3) Commission merchant	<input type="checkbox"/> 43
(4) Import agent	<input type="checkbox"/> 44
(5) Export agent	<input type="checkbox"/> 45
(6) Manufacturers' agent	<input type="checkbox"/> 46
e. Other broker or agent – Specify type	<input type="checkbox"/> 77

